

## PREVENTIVE MEDICINE / POPULATION HEALTH PERFORMANCE APPRAISAL REPORT

Contents are current as required by BUMEDINST 6320.66 Series: Yes No

1.				
2.				
3.				

## POPULATION-BASED PERFORMANCE PROFILE

a.	# of individual patient preventive medicine encounters.....	_____
b.	# of population health encounters (group) .....	_____
c.	# of days TAD / deployed for preventive medicine support or population health improvement...	_____
d.	# of deployments for support of operational forces.....	_____
e.	# of outbreak investigations or other epidemiology studies performed.....	_____
f.	Percent of time in preventive medicine or population health practice.....	_____

**Section V**

Population Based Monitors		Sat	Unsat	Not Obs
a.	Utilization management			
b.	Infection control			
c.	Incident Reports/Management Variance Reports			
d.	Patient Contact/satisfaction program			
e.	Risk Management Activities			

NOTE: For any item marked "Unsatisfactory" in section VI and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**Section VI** PROFESSIONAL DEVELOPMENT

- a. # of continuing education credit hours awarded..... \_\_\_\_\_
- b. # of papers published..... \_\_\_\_\_
- c. # of professional presentations..... \_\_\_\_\_
- d. Other recognition of positive professional achievements (attach explanation/comments)

**Section VII**

EVALUATION ELEMENTS		Sat	Unsat	Not Obs
a.	Basic professional knowledge			
b.	Technical skill/competence			
c.	Professional judgement			
d.	Ethical conduct			
e.	Participation in staff, department, committee meetings			
f.	Ability to work with peers and support staff			
g.	Ability to supervise peers and support staff			

NOTE: For any item marked "Unsatisfactory" in sections IV and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**Section VIII**

If the answer to any of the following questions is "Yes" provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

To your knowledge has the practitioner (at this activity):

		Yes	No
a.	Had privileges or staff appointment adversely denied, suspended, limited, or revoked?		
b.	Been the primary subject of a malpractice claim, action, JAGMAN investigation, or informal command investigation or inquiry?		
c.	Had substandard care substantiated through one of the actions in b?		
d.	Required counseling, additional training, or special supervision?		
e.	Failed to obtain appropriate consultation?		
f.	Been the subject of a disciplinary action for misconduct?		
g.	Required modification of practice due to health status?		
h.	Been diagnosed as being alcohol dependent or having an organic mental disorder or psychotic disorder?		

**Section IX** Address overall Preventive Medicine and Population Health competency of this provider (attach additional sheets and identify section as needed)

---



---



---

**Section X** Address overall Preventive Medicine and Population Health competency for each supplemental privilege granted (attach additional sheets and identify section as needed)

---



---



---

**Section XI**

	Signature	Comments Attached	Date
Dept. Head/SMO/OIC			
Practitioner			
Director / Officer in Charge			
Chair, Credentials Committee			
Chair, ECOMS			